



SEWER AUTHORITY OF THE CITY OF NORWICH

**General Permit for the Discharge of Wastewater Associated with Food Preparation
Establishments FOG (fats, oils & grease) PERMIT APPLICATION FORM**

There is no fee associated with this application

SECTION A - GENERAL INFORMATION

DATE: _____

1. Contact Information (Mailing/Billing Address)

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Business Phone: _____ Email: _____

2. Facility Information

Facility Name: _____

Physical Address: _____

City/Town of Activity: _____

3. Property Owner (if applicable)

Owner Name: _____

Mailing Address: _____

Business Phone: _____ Email: _____

SECTION B – ESTABLISHMENT OPERATIONAL CHARACTERISTICS

Attach a copy of the indoor and outdoor plumbing floor plans/diagrams; include the location of all establishment sewer connections, sinks, floor drains, dishwashers, restrooms, grease traps/interceptors or any other spare generating devices.

1. Choose one description that best describes your establishment:

- | | |
|--|--|
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Adult Living/Nursing Home |
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Takeout Only | <input type="checkbox"/> School/University |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Club/Organization |
| <input type="checkbox"/> Coffee Shop/Bakery | <input type="checkbox"/> Cafeteria Style |
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Snack Bar |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Pub/Bar |

Supermarket Other _____

2. Indicate each item that you currently have in your establishment and the quantity of each

<input type="checkbox"/> Dishwasher _____	<input type="checkbox"/> Rotisserie _____
<input type="checkbox"/> Pre-rinse Sink _____	<input type="checkbox"/> 1 Bay Pot Sink _____
<input type="checkbox"/> Mop Sink _____	<input type="checkbox"/> 2 Bay Pot Sink _____
<input type="checkbox"/> Deep Fryer _____	<input type="checkbox"/> 3 Bay Pot Sink _____
<input type="checkbox"/> Grill _____	<input type="checkbox"/> Oven _____
<input type="checkbox"/> Floor Drains _____	<input type="checkbox"/> Garbage Disposal _____
<input type="checkbox"/> Wok _____	<input type="checkbox"/> Tilt Kettle/Crock Pot _____
<input type="checkbox"/> Hand Sink _____	<input type="checkbox"/> Self Cleaning Hood _____
<input type="checkbox"/> Other Equipment _____	

3. What is the seating capacity at your establishment? _____

4. What are the days and hours of operation? _____

SECTION C – WASTEWATER DISCHARGE INFORMATION

1. Please complete the following for all interior grease removal devices:

a) Make and Model: _____
Automatic grease removal Manual grease removal
Capacity of device (gal): _____ Installed Date: _____

b) Make and Model: _____
Automatic grease removal Manual grease removal
Capacity of device (gal): _____ Installed Date: _____

2. Please complete the following for all exterior grease removal devices:

a) Location: _____
Capacity of grease removal device (gal): _____

b) Location: _____
Capacity of grease removal device (gal): _____

3. List any contractors used for cleaning, maintenance and removal of FOG:

a) Contractor Name: _____
Street: _____
City/Town: _____ State: _____ Zip: _____
Frequency of Cleaning: _____
Frequency of Maintenance: _____

b) Contractor Name: _____
Street: _____
City/Town: _____ State: _____ Zip: _____
Frequency of Cleaning: _____
Frequency of Maintenance: _____

All maintenance logs/manifests to be kept on site and made available to Sewer Authority or their designee upon request.

4. Briefly explain any Fats, Oils and Grease pollution prevention measures that have been implemented.

5. A copy of the menu must be attached to this permit application form

SECTION D – WAIVER

It is possible to receive a waiver to certain aspects of the FOG Pretreatment Program. Certain establishments may, by nature of their operation, generate minimal quantities of fats, oils and greases (FOG). This combined with a Best Management Plan (BMP) that employs specific practices to further remove FOG from a waste stream (i.e. “dry” wiping plates, pots, pans, etc.; posting of “No Grease” signs at appropriate locations; using water temperatures less than 140 degrees F), may qualify an establishment for a waiver for “Diminimus Quantity”.

If you are requesting a waiver, please complete the following:

Type of Waiver Requested:

General Permit for Food Establishments/Diminimis Quantity*

- **ANY SIGNIFICANT CHANGE IN MENU REQUIRES THE APPLICANT TO RE-APPLY FOR THE VARIANCE**
- **IF ANY PROBLEMS DUE TO GREASE ARE ENCOUNTERED IN THE SANITARY SEWER INFRASTRUCTURE, THE SEWER AUTHORITY RESERVES THE RIGHT TO REVOKE ANY AND ALL VARIANCES.**

CERTIFICATION

I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, true, accurate, and complete.

Name: _____ Title: _____
Signature: _____ Date: _____

Please direct any questions or concerns to the Wastewater Integrity Manager by phone at 860-823-4131.

Send the original signed completed Permit Application Form and any supporting documentation to:

Sewer Authority of the City of Norwich
Attn: Wastewater Integrity Manager
16 S. Golden Street
Norwich, CT 06360

FOR SEWER AUTHORITY USE ONLY

Application complete: Yes No

Date of pre-permit inspection: _____

Permit approved: Yes No

Explanation for rejection: _____

Waiver requested: Yes No

Waiver granted: Yes No

Reason waiver denied: _____

Review by (printed name): _____

Date: _____

Title: _____

Signature: _____